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CENTRAL FAX CENTER**JUN 25 2007****FAX TRANSMISSION****DATE:** June 25, 2007**PTO IDENTIFIER:** Application Number 10/733,789-Conf. #8948
Patent Number**Inventor:** Mehmet YUNT et al.**MESSAGE TO:** US Patent and Trademark Office**FAX NUMBER:** (571) 273-8300**FROM:** LAHIVE & COCKFIELD, LLP

John S. Curran

PHONE: (617) 227-7400**Attorney Dkt. #:** MWS-087RCE**PAGES (Including Cover Sheet):** 27**CONTENTS:** Request for Continued Examination Transmittal (1 page in duplicate)
Fee Transmittal (1 page in duplicate)
Amendment (20 pages)
Request for Change of Attorney Docket Number (1 page)
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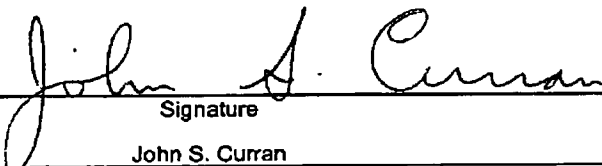
Application No. (if known): 10/733,789

Attorney Docket No.: MWS-087RCE

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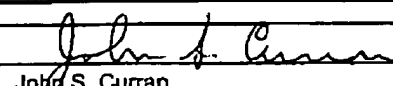
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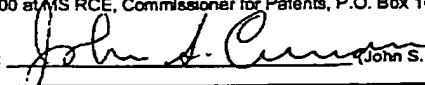
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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2007		Complete If Known Application Number 10/733,789-Conf. #8948 Filing Date December 10, 2003 First Named Inventor Mehmet YUNT Examiner Name T. A. Vu Art Unit 2193 Attorney Docket No. MWS-087RCE	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
TOTAL AMOUNT OF PAYMENT (\$) 790.00			

METHOD OF PAYMENT (check all that apply)	
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<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 12-0080 Deposit Account Name: Lahive & Cockfield, LLP	
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FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
	FILING FEES		SEARCH FEES		EXAMINATION FEES		
		<u>Small Entity</u>		<u>Small Entity</u>		<u>Small Entity</u>	
<u>Application Type</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fees Paid (\$)</u>
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM FEES							
							<u>Small Entity</u>
							<u>Fee (\$)</u> <u>Fee (\$)</u>
Each claim over 20 (including Reissues)							50 25
Each independent claim over 3 (including Reissues)							200 100
Multiple dependent claims							360 180
<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>			
- 20 =	x	=		<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>		
HP = Highest number of total claims paid for, if greater than 20.							
<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>				
- 3 =	x	=					
HP = Highest number of independent claims paid for, if greater than 3.							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>			
- 100 =	/50 =	(round up to a whole number) x	=				
4. OTHER FEE(S)							Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 ...							790.00

SUBMITTED BY			
Signature		Registration No. 50,445	Telephone (617) 227-7400
Name (Print/Type)	John S. Curran	Date	June 25, 2007

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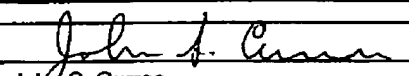
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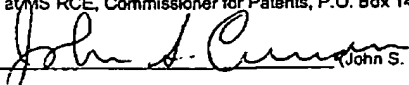
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Total Sheets - 100 = _____		Extra Sheets /50 = _____		Number of each additional 50 or fraction thereof x _____		Fee (\$) = _____	
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